



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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FEB 12 2004  
TECHNOLOGY CENTER 2800

AMENDMENT

Sir:

In response to the Office Action dated October 31, 2003, please amend the above-identified application as follows. The claim changes are reflected in the listing that begins at page 2, and the Remarks begin at page 7.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 2, 2004

(Date of Deposit)

Peter G. Thurlow (Reg. No. 47,138)

(Name of Attorney for Applicant)

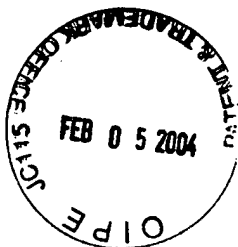
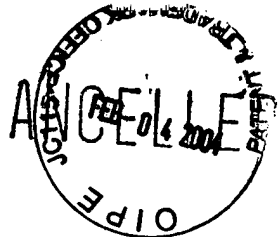
(Name of Attorney)

Peter G. Thunberg

Signature

February 2, 2004

Date of Signature



2853

In re Application of:

Docket No. 03500.016067

YASUMOTO WATANABE

Application No.: 10/025,540

Examiner: Michael S. Brooke

Filed: December 26, 2001

Group Art Unit: 2853

For: INK JET RECORDING HEAD AND  
INK JET RECORDING APPARATUS

Date: February 2, 2004

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 8	MINUS	** 20	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140°/\$280						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_-month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Peter G. Thurlow  
Attorney for Applicant

Registration No. 47,138

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30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200